DRUG USE IN AMERICA:

IS THE EPIDEMIC REALLY OVER?

Summary of Findings of a Majority Staff Study

Prepared for the Use of the

Committee on the Judiciary

United States Senate

One Hundred and First Congress

Second Session

December 19, 1990

5522-5

TABLE OF CONTENTS

Introduction by Senator Joseph R. Biden, Jr. ..... p. 1.

Summary of Report ..... p. 8.

Analysis of Recent Data and Our Findings ..... p. 11.

I. Why the Household Survey Misses More Addicts Than It Counts ..... p. 14.

II. The New Administration Report: Putting the Good News in Context ..... p. 17.

III. The Cold Facts: How Many Drug Addicts Do We Really Have in America? ..... p. 21.

Charts and Their Explanations ..... p. 32.

Appendix: How This Study Was Conducted ..... p. 33.

INTRODUCTION

by Senator Joseph R. Biden, Jr.

Chairman, U.S. Senate Judiciary Committee

Today, fifteen months into the national "war on drugs," the administration releases new data which paints an upbeat picture of where America stands in this struggle. Unquestionably, progress has been made: casual drug use is down; the nation's attitudes are turning against drugs; and expanded law enforcement, drug treatment and public education programs are having some results. Today's Household Survey serves to reinforce these positive signals.

Unfortunately, though, these positive signs are not the whole story about where the drug epidemic stands: the fact is that America's drug epidemic is far from over -- indeed, there are signs that the epidemic is still getting worse, particularly in certain areas of the country. Simply put: the Administration is offering us today an estimate of the number of drug addicts that is wildly off the mark.

The cocaine addict count the administration is releasing today is only about one-quarter of the actual national total. The total of heroin addicts is off by about 100%. And the overall drug addict total being reported is only about 50% of the actual national tally.

These are the facts; facts that must serve as the basis for any sound anti-drug policy.

Why Debate the Figures?

Many people may hear competing drug estimates and ask, "What difference does it make?" "Are the politicians fighting about statistics again?"

Yet the battle for an accurate accounting of the nation's drug problem is not a political struggle; the debate over the status of the drug war should not be a political dispute. There are important substantive consequences attached to the outcome of our debate over the size of the drug problem.

Take cocaine addicts for example. The administration says that we have about 660,000 in America; this Report puts the count at 2.4 million. What difference does it make? Plenty. Knowing the size of this problem determines how many prison cells, treatment beds, police on the street, judges and prosecutors, medical researchers -- and federal drug-fighting dollars -- America needs to battle its drug problem.

And having a more accurate estimate of the count shapes the direction that our overall national drug strategy should pursue. The Administration's decision to focus primarily on reducing casual use might make sense if the nation had, as the administration believes, fewer than 1 million hard-core cocaine addicts. However, as the nation is actually faced with 2.4

million hard-core cocaine addicts, it makes far less sense to focus so much on the casual user, and so little on combatting hard-core drug abuse.

A Debate that Should be Unnecessary

Moreover, the fact that we are having this debate at all is unfortunate.

Two years ago, when I won passage of the "drug czar" law, I hoped that the creation of this office would spur the nation to action on the drug problem, and insure that our national anti-drug program would be based on concrete evidence and hard facts.

It seems now that the first of these objectives has been achieved -- we have a drug strategy underway, and are now doing more to fight drug abuse than ever before -- but the second goal remains elusive: incomplete figures are being used to claim victory in the drug war when the hard part of the fight has just barely begun.

Today's Majority Staff Report reiterates a point that we made in a previous Report issued last May: the Administration's "Household Survey on Drug Abuse" misses more drug addicts than it actually counts. This is true for two principal reasons. First, it measures only drug use among those living at home -- failing to count drug users in prison or jail, treatment centers, shelters, or among the homeless on the street (which are all large addict groups). Second, the "Household Survey" is a

survey, and it is easy to imagine that many, many respondents are less than honest when government researchers call to ask them about their drug use.

When we first made these points last May, most experts were quick to agree that our tally of regular cocaine users -- then, at 2.2 million -- was far closer to accurate than the administration Household Survey count (860,000). Even Bill Bennett, the administration's own Drug Director, acknowledged that the Household Survey was "inaccurate" and should not be used as the basis for drug policy-making.

Thus, I am disappointed and concerned with the emphasis that the administration is placing on today's new Household Survey.

Disappointed because I thought that we had achieved a consensus in May that the Household Survey was a vastly incomplete measure of our nation's drug problem. Now, we will be thrown into another debate over numbers -- distracting us from what should be our real focus: determining how to improve the drug strategy to more successfully fight hard-core addiction.

Concerned because -- in this time of tight budget constraints -- some may view today's "good news" as a reason for lessening our national commitment to fighting the drug epidemic. This would be a terrible mistake, for while we have made some progress in this effort, we still have far to go -- and this is not the time to let up.

That is why I feel compelled to issue today's Majority Staff Report: to underscore again how serious our nation's drug problem still is, and how much still must be done to break the current epidemic.

This Report's Findings

The data presented here are based on far more comprehensive, and far more objective measures than the Household Survey. It shows that the nation has about 2,400,000 weekly cocaine users -- not 660,000, as the administration claims today. The count of heroin addicts is close to 1 million -- about double the administration's tally of 500,000.

These figures show that America's hard-core drug problem is getting worse, not better. The staff's 2.4 million estimate of weekly cocaine users is up, for example, from a 2.2 million figure it reported in May.

Thus, even if the casual drug use phenomenon is fading, America's hard-core drug epidemic is far from over. Indeed, these figures show that many areas that had not previously suffered from the cocaine epidemic are now being hit by a "second-wave" attack. The list of the ten states which suffered the greatest increase in per-capita cocaine addiction since the May report includes rural places like Utah, Arkansas, Indiana, and Nebraska.

Some may want to think that the drug epidemic is over, or has at least been isolated to our nation's urban centers. But hard-core addiction still ravages the nation, and America's rural states are increasingly at risk.

These are the major findings of this Report, and they demand our attention. To summarize:

America's cocaine epidemic is far from over, as anyone who watches the evening news can attest. And, if the administration attempts to "end" the drug crisis with a declaration of "victory" it will be making a serious mistake.

Our fight against cocaine is only begun, not over. We have a long, long way left to go.

Hard-Core Addiction: Our Worst Problem

Doubtlessly, the administration will focus on the decline in today's overall usage figures, and dismiss this Report as dwelling on only a "small part" of the drug problem: hard-core addiction. Yet it is the hard-core addicts who are at the root of the nation's drug and crime problems, and ridding the nation of their abuse must be our top priority.

Record national murder totals; a surge in child abuse and domestic violence; armed mayhem by inner-city youths; crime in once placid rural areas -- these are the products of America's hard-core cocaine epidemic, and that epidemic is not going away.

We can close our eyes to these problems, and leave our children an America wracked by crime, violence, and despair. If this is the path we choose, then the administration's new drug totals are the perfect fuel for our folly: a soothing reassurance that the difficult drug dilemma is on the way to resolution.

But if we want to truly attack the problems before us -- to stem rampant crime, fear, death, and devastation caused by the drug epidemic -- then the time for blindly accepting the "good news" is over. America's drug epidemic continues to ravage our cities, towns, and suburbs, and ignoring its true size will only extend this national nightmare.

There will be plenty of time to claim success later -- if success is achieved -- but today the nation still needs action, not victory speeches.

SUMMARY OF REPORT

"We have never used [the Household Survey's cocaine addict estimate]. It is inaccurate."

-- William Bennett, Director,
Office of Drug Control Policy
May 10, 1990

Is the nation's drug epidemic over? Some people may think so. But most Americans -- based on their personal experience and on awareness of what is going on in their communities -- know better. And unless policymakers in Washington understand the true nature and extent of the nation's drug epidemic, we will never achieve a lasting solution to this crisis.

Today, the Administration releases new drug abuse figures which vastly underestimate the scope of our drug epidemic. While this new "Household Survey" data has its uses, comprehensively measuring the size of our drug problem is not one of them.

This Report explains why the administration's latest claims are not what they seem to be. And it offers a more comprehensive estimate of the genuine scope of our drug epidemic.

Among our findings:

* The Administration's "Household Survey" is vastly incomplete, for two obvious reasons: first, it measures drug use only among those living in homes (and not treatment centers, prisons, shelters, and among the homeless -- large addict groups); and second, it is a survey: it asks people to voluntarily offer information about their illegal drug use.

* Thus, whatever its accuracy for measuring casual drug use, the "Household Survey" misses more addicts than it counts. It's total of the cocaine addict population is about 25% of the actual national tally.

* The administration count says that America has 660,000 weekly cocaine users -- our Report puts the total at 2,400,000: up from the 2,200,000 figure we reported in May of 1990.

* Similarly, the administration count puts the nation's number of regular heroin users at 500,000 -- while our more comprehensive figures put the count at almost 1 million (approximately 940,000).

* Consequently, the claims the administration makes about a decline in overall drug use are undercut by the incompleteness of their figures, and the vast undercount of hard-core drug addicts.

The administration trumpets success in the battle against drug abuse when overall drug use figures drop. But as long as the number of hard-core drug addicts remains high (and apparently growing), victory in the drug war cannot be properly claimed.

As long as the nation has more than 2.4 million weekly users of cocaine -- about one in every one hundred Americans -- crime will remain rampant in our streets, murder and violence will remain out of control, and our anti-drug efforts must be rated as failing to get the job done.

Our Report today also reveals a frightening new trend with respect to hard-core addiction. For while our Report shows that addict populations are stabilizing in the states that were first to be hit by the current epidemic, we have found that, in the past year, there has been a marked increase in addict populations in states which missed the first wave of the epidemic.

For example, Utah, Kentucky, Nebraska, Tennessee, Indiana, Alabama, Missouri, and Arkansas rate among the top ten states in increase in per capita cocaine addiction.

Another finding we report today: further confirmation of a link between state-by-state cocaine addict figures and the nation's record-setting murder pace.

> 8 of the 10 states with the greatest number of hard-core cocaine addicts also experienced an increase in their 1990 murder rates -- increases which ranged from 4% to 19% according to a Senate Judiciary Committee Majority Staff Report released earlier this year.

An analysis of the per-capita rates identify a similar linkage -- 7 of the 10 states with the highest per-capita rate of cocaine addiction saw an increase in 1990 murder rates.

In sum, this Report reinforces what ought to be obvious to all Americans: our drug use problem remains huge, and the other problems which flow from that -- murder, violence, child abuse, crime -- will never be stemmed unless we get the epidemic under control. The drug siege has not yet been broken, and continuing to underestimate the epidemic makes successfully fighting it impossible.

ANALYSIS OF RECENT DATA AND OUR FINDINGS

Last May, the majority staff of the Senate Judiciary Committee completed the first-ever comprehensive count of the nation's hard-core cocaine addicts. The results were startling -- in 1988, the nation suffered the effects from more than 2.2 million hard-core cocaine addicts: about two and one-half times the Administration's official estimate of 860,000.

At the time we released these drug use estimates, many asked, "Why another report telling us how bad the drug problem is? Haven't we heard enough about how many drug addicts we have in this country?"

Both the question, and our answer, remain relevant today. Our drug policy cannot be formulated without a basic assumption about the size of the addict population. For example, several of the Administration's flawed anti-drug strategies flow logically from their assumptions about the number of hard-core addicts:

-- Focussing primarily on reducing casual drug use, and not on reducing the number of hard-core addicts;

-- Setting their goal as merely "decreasing the rate of increase" -- i.e., <u>tolerating an actual increase</u> -- among the hard-core cocaine addict population; and

-- Calling for a drug treatment program which, when fully implemented, will provide for only one-quarter of the cocaine addicts who could be cured with treatment.

An objective assessment of the status of the nation's anti-drug struggle must begin with an objective assessment of the size of the nation's addict problem. The Administration has failed to take this logical first step. And, today, only a month before releasing its third drug control strategy, the Administration stubbornly continues down this same path.

This Report has three goals: first, to explain why the Household Survey on which the Administration relies is so lacking; second, to put the administration's claims of progress in the drug war into context; and third, to offer our own, updated estimate of the actual size of some key addict populations.

I. Why the Household Survey Misses More Addicts than it Counts.

Today, the Administration updates its official estimate of the nation's drug abuse problem. Unfortunately, the Administration continues to rely on the same flawed survey which produced 1988's vast underestimate. This survey, "the National Household Survey on Drug Abuse," asks a large sample of Americans if they use illicit drugs and, if so, how often. And, the survey does not even poll those most likely to have serious drug abuse problems -- the homeless, those in drug treatment centers, and those in the criminal justice system.

Not surprisingly, the Administration's figures are much lower than the actual figures. For example, the Administration places the hard-core cocaine addict population at about one-quarter of the true estimate: 660,000 as against 2,400,000. The Administration's heroin addict count -- 500,000 -- is about one-half the actual total of 940,000. And, overall, the Administration's official estimate of 4 million hard-core addicts is 50% shy of the true figure of 6 million.

One need look no further than its name to recognize the two fundamental flaws with the Household Survey.

First, the Survey does not even attempt to measure drug use among those who do not live in "households." While Survey researchers correctly point out that a very high percentage of the national population does live in a "household," the populations that do not live in homes -- and, therefore, are not surveyed -- are among those most likely to be drug addicts. For example, the homeless and residents of institutional homes or single rooms in hotels, patients in drug treatment centers, and State and Federal prisoners are not included in the Household Survey. Yet, all agree that these people are among the most likely groups to include drug abusers.

The second systematic flaw with the Survey is that it is a survey; i.e., peopled are simply asked if they are drug users. The problem with this approach is obvious: as one leading researcher put it, "A lot of people just won't tell the nice man from the government that they smoked crack recently." This problem is most acute when trying to detect drug abuse among those who are, or have been, in the criminal justice system.

Moreover, the increased stigma attached to drug abuse in recent years -- certainly since the last Household Survey taken in 1988 -- lessens the tendency to truthfully report drug abuse. In other words, the Household Survey detects a smaller portion of America's drug abusers today than it was in 1988 or in 1986.

While this report, as many others, points out many of the shortcomings of the Household Survey, this should not be interpreted as a criticism of the National Institute on Drug Abuse. The Institute does an exceptional job of compiling the most sophisticated data we have about drug use in this country. We must also be clear that NIDA researchers have themselves identified many of the Household Survey's shortcomings. So let us be clear: the fault does not lie with NIDA -- which concedes the limitations of the Household Survey -- but rather with those who present the NIDA data as an estimate of the national total of drug addicts.

The bottom line is this: anyone who says that the Household Survey is a comprehensive count of the drug users in America -- especially of hard-core addicts -- is either naive at best -- or deliberately misleading the American people about the challenge that remains before us.

II. The New Administration Report: Putting the Good News in Context

Before addressing the administration's specific findings, one overview point merits some attention: the question of where America stands with respect to its "goals" in the drug war.

The administration claims with pride that today's figures show that all of the relevant two-year goals (e.g., monthly drug use, monthly cocaine use) that were set in its most recent drug control strategy have already been achieved. This assertion is remarkable, for the goals in question were announced on January 25, 1990, and the survey being released today was conducted just five weeks later.

> Are we really supposed to believe that the January 1990 strategy was so powerful that in just five weeks -- before a single of its initiatives were in place, before a single dollar to implement it was appropriated, before a single new rule or regulation was issued -- its two-year goals were met?

Though the January 1990 strategy included many sound proposals, I doubt that there mere issuance of it resulted in a substantial reduction of the nation's drug consumption. Obviously, only one of two conclusions is possible.

First, it may be that the "goals" announced in January of 1990 for achievement by January of 1992 were so profoundly unambitious that they were -- in fact -- a mere statement of the status quo as of that date. If so, this makes a mockery of the portion of the 1998 Drug Director law which requires the Drug Strategy to include meaningful goals for our drug policy. Objectives are supposed to be signposts for progress; goals that are "achieved" before the ink that prints them is dry are not signposts, but only publicity stunts.

Second, it may be that -- in fact -- the goals have not yet been achieved, because -- in fact -- the Household Survey does not provide a comprehensive measurement of America's drug problem.[1]

In the previous section, we explained why the Household Survey's methodology makes such an undercount extremely likely. By ommiting large potential addict groups, and relying on

---

[1]It must be noted that the goals themselves are stated in terms of the Household Survey; e.g., the goals seek a 15% reduction among Survey respondents reporting past-month drug use, a 15% reduction among Survey respondents reporting casual cocaine use in the past year. Thus -- to be precise -- even if the Survey's count is wildly off-the-mark, the Strategy's "goals" are achieved as long as certain Survey numbers are achieved.

Of course, this literalist interpretation of the National Drug Control Strategy Objectives cannot be taken seriously. The goals must be understood to seek reductions in actual drug use, and not merely "better" Survey numbers for their own sake. This is the way that the Strategy's objectives have been widely reported and understood, and is our approach in the following section.

voluntary responses, the Survey cannot be considered a genuine measure of addict populations. Moreover, in an ironic twist, the Survey will grow less accurate as the nation grows more successful in fighting its drug war. That is, as national attitudes about drug use move towards greater disapproval -- a key goal of our drug policy -- it is more likely that Survey respondents will be less honest about acknowledging their past or current drug use. Thus, the success of the Strategy works to undermine the validity of the Survey as a measure of our progress.

Beyond these general observations about the Survey's incompleteness (and the ones offered in previous sections), it is clear that other data <u>from the administration itself</u> reveals that today's Household Survey vastly undercounts certain addict groups.

The Household Survey finds 660,000 hard-core cocaine users in the nation. However, according to the Department of Justice, urine tests indicate that there were 644,000 hard-core cocaine addicts among <u>only those arrested in America's ten largest cities</u>. Arrests in these ten cities are just 15% of the national total of arrests -- and then we must start to count all the addicts <u>not</u> arrested. Administration researcher Eric Wish looked at 1988 data and concluded that there were as many as 1,300,000 hard-core cocaine addicts -- more than 50% greater than the Household Survey's 1988 estimate of 860,000 -- just among the

arrestees in only America's 61 largest cities.[2] This makes today's announced total of 660,000 particularly dubious.

The Household Survey further estimates that only 115,000 adolescents currently use cocaine. However, urine tests conducted by the Department of Justice indicate that 60,000 juvenile cocaine users were found among those arrested in New York City, Chicago and Los Angeles alone. While it is true that these three cities have extensive cocaine use problems, there are surely many juvenile cocaine users in New York City, Chicago and Los Angeles who were not arrested -- or who live in other parts of the country. Frankly, it strains credulity that only 115,000 of America's 22,000,000 adolescents currently use crack or powdered cocaine.

In sum, today's claims of "victory in the drug war" by the Administration must be put in context. Either the goals set in its most recent strategy were extremely unambitous -- or the figures being released today vastly underestimate the true size of the problem.

At a time of record national homicide rates, unprecidented violence in urban areas, and exploding crime in some rural areas, it is hard to believe that America's drug epidemic has already been broken.

---

[2] Department of Justice, National Institute of Justice, "Drug Use Forecasting: July to September, 1989."

III. The Cold Facts:

How Many Drug Addicts do we Really Have in America?

A more comprehensive count of the nation's drug addicts must correct for both of the major flaws of the National Household Survey. First, drug abuse must be measured among all segments of the population, and not just those who live in homes. And, second, drug abuse must be detected by such objective means as urine tests among addicts (principally those who are, or have been, in the criminal justice system) who are not likely to voluntarily admit to drug abuse to government phone callers.

Our Methodology

Our methodology was developed by Harvard University drug expert Mark Kleiman and other top researchers in the field, and first used in our May report on cocaine addicts[3]. Our methodology relies on several sources of data to correct the incompleteness of the Household Survey. As detailed above, the major groups omitted from the Household Survey are the homeless and those institutionalized in treatment centers or prisons. Our analysis relies on the results of numerous government and

---

[3] See Senate Judiciary Committee staff report, "Hard-Core Cocaine Addicts: Measuring -- and Fighting -- the Epidemic." U.S. Government Printing Office, 1990. More details on the methodolgy employed are provided in the Appendix included at the end of this report.

academic studies to assess drug use among the homeless. And, annual censuses of the nation's drug treatment centers conducted by both government and private agencies are factored into our analysis.

To detect drug abuse in the nation's criminal justice system one must correct for both shortcomings of the Household Survey: including criminal addicts in the count and using objective techniques such as urine screens. We obtained such data by employing figures compiled by the National Institute of Justice, as well as several local criminal justice agencies, which conducts thousands of drug urine tests on arrestees. Together with FBI information on the arrests, these data provide the most accurate picture of drug abuse in a group not likely to be polled in the Household Survey, and, if polled, a group not likely to admit drug abuse.

Summary of Findings

When all these surveys, reports and research are combined to reveal the true extent of America's drug abuse problem, the figures are staggering:

-- America has 2.4 million hard-core cocaine addicts; four-times the Administration's estimate.

-- Today, there are 940,000 heroin addicts in this country; almost twice the Administration's estimate.

-- And, overall, there are a total of 6 million hard-core drug addicts.

Specific Findings: Hard-Core Cocaine Addiction

As noted above, the Administration's failure to accurately assess the nation's hard-core cocaine addict population is much more than an accounting error. The Administration's undercount, if not recognized and corrected, will establish a national drug policy destined for failure.

We conclude that there are 2.4 million hard-core cocaine addicts -- about 1 out of every 100 Americans. Slightly less than one-half of these 2.4 million are found in the four large states which were the first to be hit by the cocaine epidemic. The remaining 1.3 million cocaine addicts are spread throughout the country -- in states large and small, rural and urban.

As a direct consequence of the Administration's undercount, the Administration is aiming for a drug treatment program which, when fully implemented, will provide for only one-quarter of the cocaine addicts the Administration's own analysis indicates could be treated. Administration researchers submit that one-half of all hard-core addicts could be helped by treatment. Thus, when they apply this figure to the artificially low cocaine addict estimate of 660,000, the Administration concludes that the national need for cocaine treatment is about 300,000 addicts.

In fact, the need for treatment is 1,200,000 addicts (one-half of the true population of 2.4 million hard-core cocaine addicts.) When the Administration reaches its treatment target, then, this shortfall will leave 900,000 hard-core cocaine addicts on the streets, committing crimes and luring others into drug use.

The Administration's undercount also misleads the American public. The Administration deserves credit for helping build the current national consensus that drug treatment must be available to all addicts who could be treated. But, their undercount lulls the country into a false sense of security about how far we have come towards that goal. Because the Administration argues that the national need for cocaine treatment is 300,000 addicts, and the most recent surveys of drug treatment centers find more than 210,000 cocaine addicts in treatment, the Administration seeks to convince the public that more than two-thirds of the cocaine addicts who could be treated are being treated.

More objective counts of the nation's cocaine addict population indicate a national cocaine treatment need of 1,200,000 addicts. When this is recognized, it is clear that America is treating barely one of every six hard-core cocaine addicts who could be treated today.

The tables which follow offer State cocaine addict totals as well as each State's per-capita cocaine addict rate.

Hard-Core Addicts -- State Totals

(Numerical Order)

New York	436,000
California	337,000
Texas	173,000
Illinois	160,000
Florida	98,000
Pennsylvania	86,000
New Jersey	72,000
Ohio	69,000
Michigan	67,000
Missouri	59,000
Virginia	55,000
Georgia	54,000
Wisconsin	52,000
Arizona	46,000
North Carolina	45,000
Tennessee	36,000
Colorado	34,000
Louisiana	34,000
Alabama	29,000
Maryland	29,000
Minnesota	29,000
Massachusetts	29,000
Oklahoma	25,000
District of Columbia	25,000
Nevada	25,000
Kentucky	24,000
Washington	21,000
Connecticut	18,000
Indiana	18,000
Oregon	18,000
New Mexico	15,000
Nebraska	14,000
South Carolina	14,000
Utah	13,000
Kansas	12,000
Hawaii	11,000
Arkansas	10,000
Iowa	9,000
Mississippi	6,900
Rhode Island	4,600
West Virginia	4,200
Idaho	3,700
Alaska	3,500
New Hampshire	3,400
Maine	3,400
Delaware	3,200
Wyoming	1,500
Montana	1,500
North Dakota	1,300
South Dakota	1,300
Vermont	1,100
National Total	2,400,000

(Findings of the Majority Staff of the Senate Judiciary Committee)

Hard-Core Cocaine Addicts -- Per Capita State Totals

(Addicts per 1,000 Population)

District of Columbia	40.5
Nevada	24.9
New York	24.5
Illinois	13.8
Arizona	13.7
California	12.2
Missouri	11.5
Wisconsin	10.8
Hawaii	10.5
Colorado	10.5
Texas	10.3
New Mexico	10.2
Virginia	9.4
Georgia	8.7
Nebraska	8.6
Florida	8.2
Utah	7.7
Oklahoma	7.7
Louisiana	7.6
Tennessee	7.4
Michigan	7.3
Pennsylvania	7.2
Alabama	7.2
North Carolina	7.0
Minnesota	6.9
Alaska	6.6
Kentucky	6.6
Oregon	6.5
Maryland	6.4
Ohio	6.4
Connecticut	5.7
New Jersey	5.4
Massachusetts	4.9
Delaware	4.9
Kansas	4.8
Rhode Island	4.7
Washington	4.5
Arkansas	4.4
South Carolina	4.0
Idaho	3.7
Indiana	3.3
New Hampshire	3.3
Iowa	3.1
Wyoming	3.1
Maine	2.9
Mississippi	2.6
West Virginia	2.2
Vermont	2.1
North Dakota	2.0
Montana	1.8
South Dakota	1.8
National Total	10.0

(Findings of the Majority Staff of the Senate Judiciary Committee)

As in our May report, New York State tops the list with more hard-core cocaine addicts than any other state. The top 9 states from our May report also remained the same, although Michigan and Ohio exchanged eighth and ninth place (Michigan dropping from eighth to ninth.) Only Virginia dropped out of the top ten, as Missouri became the state with the tenth-highest addict total. The per-capita cocaine addict rates find the District of Columbia, Nevada and New York State, respectively, leading the nation.

Further illustration of the national scope of America's cocaine epidemic is provided by the per-capita rates of hard-core cocaine addiction. Rural states along America's Southwest border, a major cocaine trafficking route, are near the top of our recent and current per-capita cocaine addict lists. These states, Arizona, Texas and New Mexico, are among the top 11 now; even higher than in the May report, when they were included in the top 15. America's cocaine epidemic is, plainly, infiltrating all regions of the country.

The state-by-state drug addict totals and per-capita rates generated by this analysis offer some ominous changes since 1988. The states with the greatest number of hard-core cocaine addicts in this survey are, by and large, the same ones which top this most recent list. As well, the states with the fewest addicts in 1988 are also near the bottom of the current list. However,

while addict populations are stabilizing in the states first to see the scourge of drugs, the past year has seen a marked increase in states which missed the first wave. For example, among the ten states exhibiting the greatest increase in per-capita cocaine addiction are: Utah, Kentucky, Nebraska, Tennessee, Indiana, Alabama, Missouri, and Arkansas.

The state-by-state data also indicate a possible link with the nation's record-setting murder pace. Eight of the 10 states with the greatest number of hard-core cocaine addicts also experienced an increase in their 1990 murder rates -- increases which ranged from 4% to 19% according to a Senate Judiciary Committee staff report released in July. An analysis of the per-capita rates identify a similar linkage -- 7 of the 10 states with the highest per-capita rate of cocaine addiction saw an increase in 1990 murder rates.

Specific Findings: Heroin Addiction

The national total of hard-core heroin addicts is 940,000, nearly twice the Administration's official estimate of 500,000. The Administration relies only on the Household Survey of Drug Abuse. Our data from many sources -- including the Justice Department and state drug treatment centers -- indicate a much higher total: 940,000.[4]

Since heroin addiction is, fortunately, even rarer than hard-core cocaine addiction -- and because heroin use is more heavily concentrated in a few large, urban states -- this report cannot provide full state-by-state breakdowns of the national heroin. However, heroin addict totals from states with the largest share of these addicts are both large enough and based on enough data points to be reliable.

New York State is at the head of the list; with about 180,000 hard-core heroin addicts, New York has roughly 1 in 5 of the nation's heroin addicts. This figure is consistent with the findings of researchers who have studied New York's heroin

---

[4] This total is generated from the same data sources, by the same methodology, used in the Senate Judiciary Committee staff report, "Hard-Core Cocaine Addicts: Measuring -- And Fighting -- The Epidemic." U.S. Government Printing Office, 1990. See also the Appendix included at the end of this Report.

problem since the early 1970s.[5] These researchers have identified the total number of heroin users in New York State as between 200,000 and 250,000. This New York figure has always called the federal government's national heroin estimate of 500,000 into question. After all, it is implausible that New York alone has one-half of the nation's total population of hard-core heroin users.

California and Illinois are also troubled by large heroin addict problems, with 150,000 and 105,000 hard-core heroin addicts, respectively. These findings are consistent with federal and state law enforcement conclusions that New York City and Los Angeles are major entry points for heroin traffickers, and that Chicago is a major distribution point for domestic heroin traffic.

---

[5] We acknowledge numerous books, articles and unpublished research completed by Dr. Edward Preble, Dr. Bruce D. Johnson, Dr. Paul J. Goldstein, Dr. Douglas S. Lipton, Dr. Harry Wexler and others.

ADDITIONAL CHARTS AND EXPLANATIONS

THE FOLLOWING ELEVEN PAGES PROVIDE ADDITIONAL DATA
AND CHARTS ILLUSTRATING THE FINDINGS
OF THIS REPORT

1. HARD CORE COCAINE ADDICTS: STATE TOTALS (DECEMBER REPORT)

THIS CHART DEPICTS A MAP OF THE UNITED STATES, COLOR-CODED TO DESCRIBE THE NUMBER OF HARD-CORE COCAINE ADDICTS IN EACH STATE. THERE ARE 4 COLORS:

RED = OVER 50,000

LIGHT RED = 15,000 - 49,000

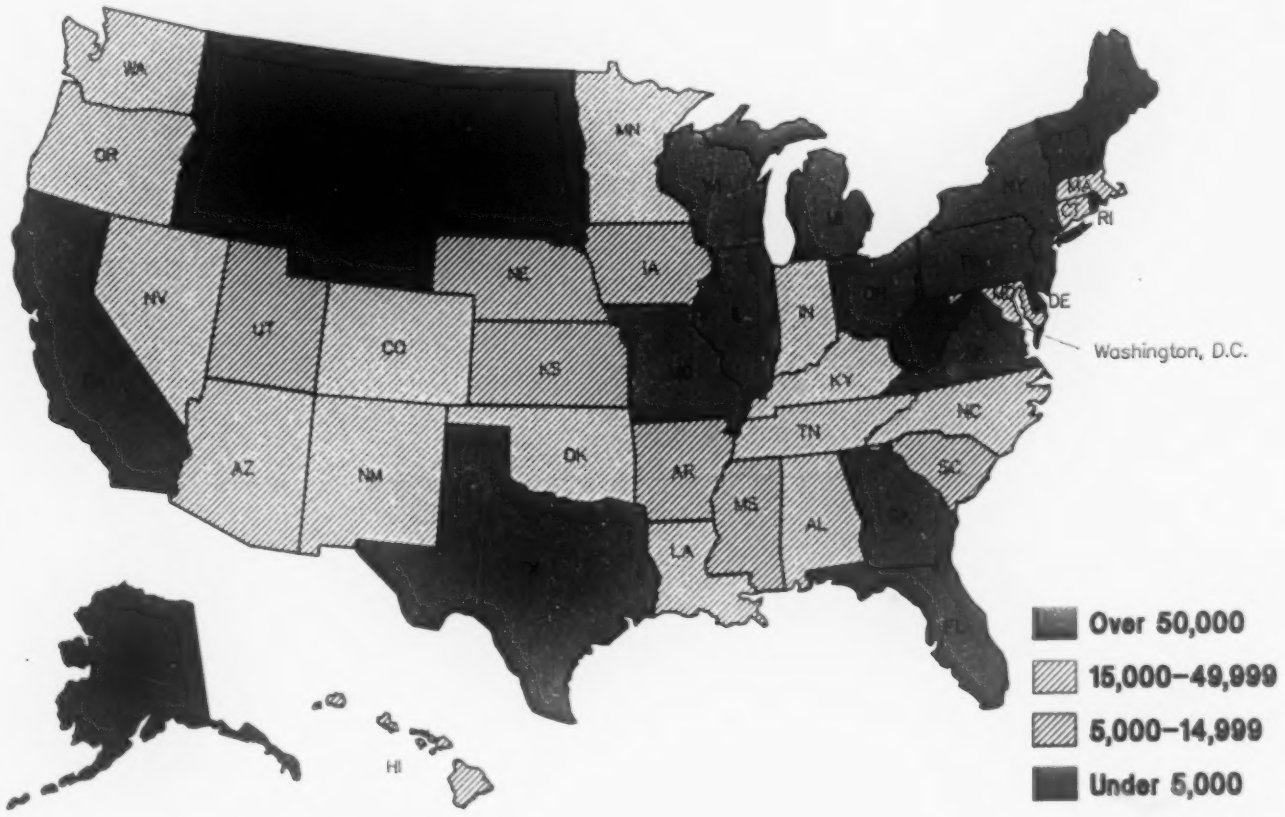
LIGHT BLUE = 5,000 - 14,999

BLUE UNDER = 5,000

THERE ARE 13 STATES IN RED, 18 IN LIGHT RED, 8 IN LIGHT BLUE, AND 12 IN BLUE. SO NEARLY 2/3 OF THE STATES ARE COLORED SOME SHADE OF RED. IN ALL, THERE WERE 2,400,000 COCAINE ADDICTS IN 1989.

SIGNIFICANCE: IN COMPARISON TO THE MAY (1990) REPORT, 3 MORE STATES ARE NOW SHADED RED. THIS REFLECTS A GROWTH IN THE COCAINE ADDICT POPULATION FROM 2.2 TO 2.4 MILLION. THE MAJORITY OF STATES REMAIN PLAGUED WITH LARGE AND GROWING ADDICT POPULATIONS. BASICALLY, COCAINE ADDICTION IS STILL A NATIONAL EPIDEMIC, IT IS STILL GROWING, IT STILL WREAKS HAVOC, AND IT STILL DEMANDS OUR ATTENTION AND RESOURCES.

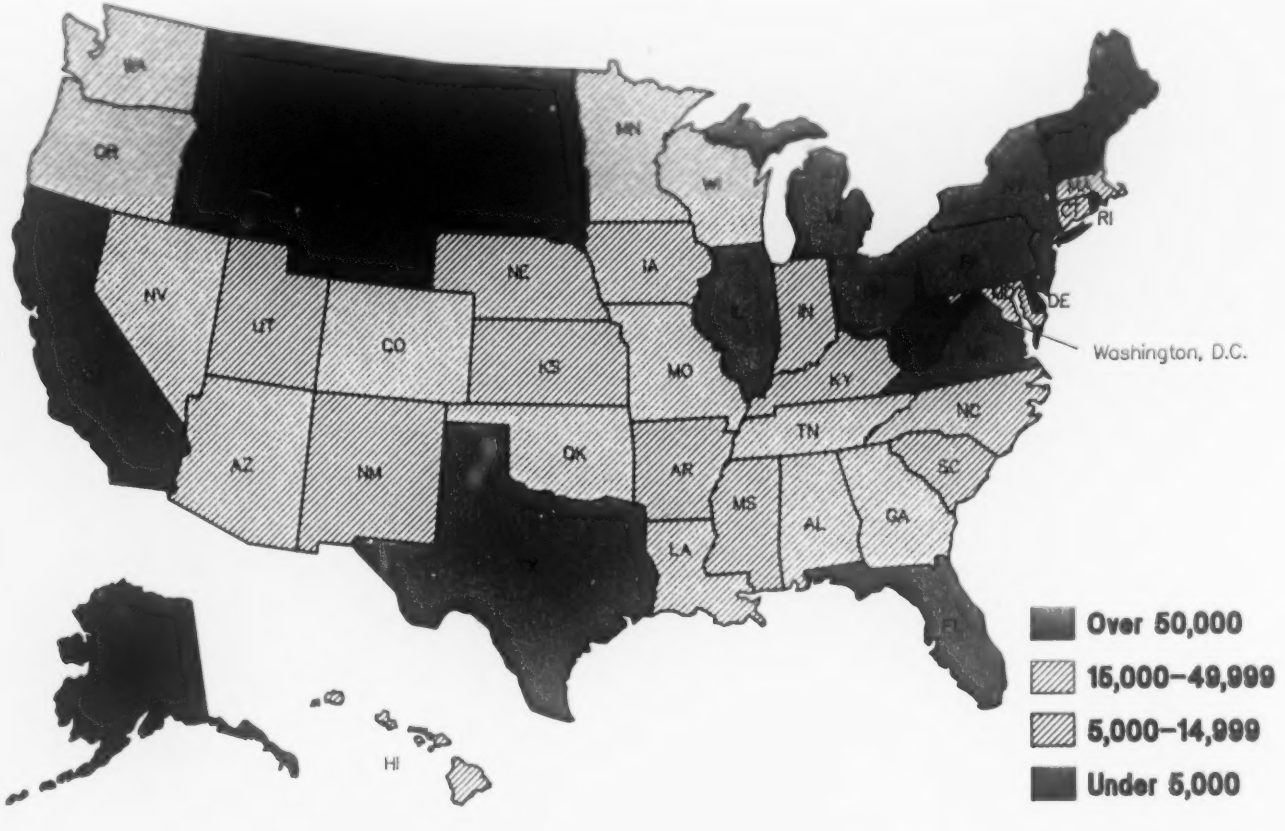
Hard–Core Cocaine Addicts: State Totals
(December Report)



2. HARD-CORE COCAINE ADDICTS: STATE TOTALS (MAY REPORT)

THIS CHART REFLECTS THE DATA THE COMMITTEE RELEASED EARLIER THIS YEAR (MAY).

Hard–Core Cocaine Addicts: State Totals
(May Report)



3. HARD-CORE COCAINE ADDICTS: PER CAPITA STATE TOTALS (DECEMBER REPORT)

THIS CHART DEPICTS THE UNITED STATES, COLOR-CODED TO DESCRIBE THE PER CAPITA HARD-CORE COCAINE ADDICT LEVELS IN EACH STATE. THERE ARE 4 COLORS, EACH DENOTING A RATE PER 1000 PEOPLE:

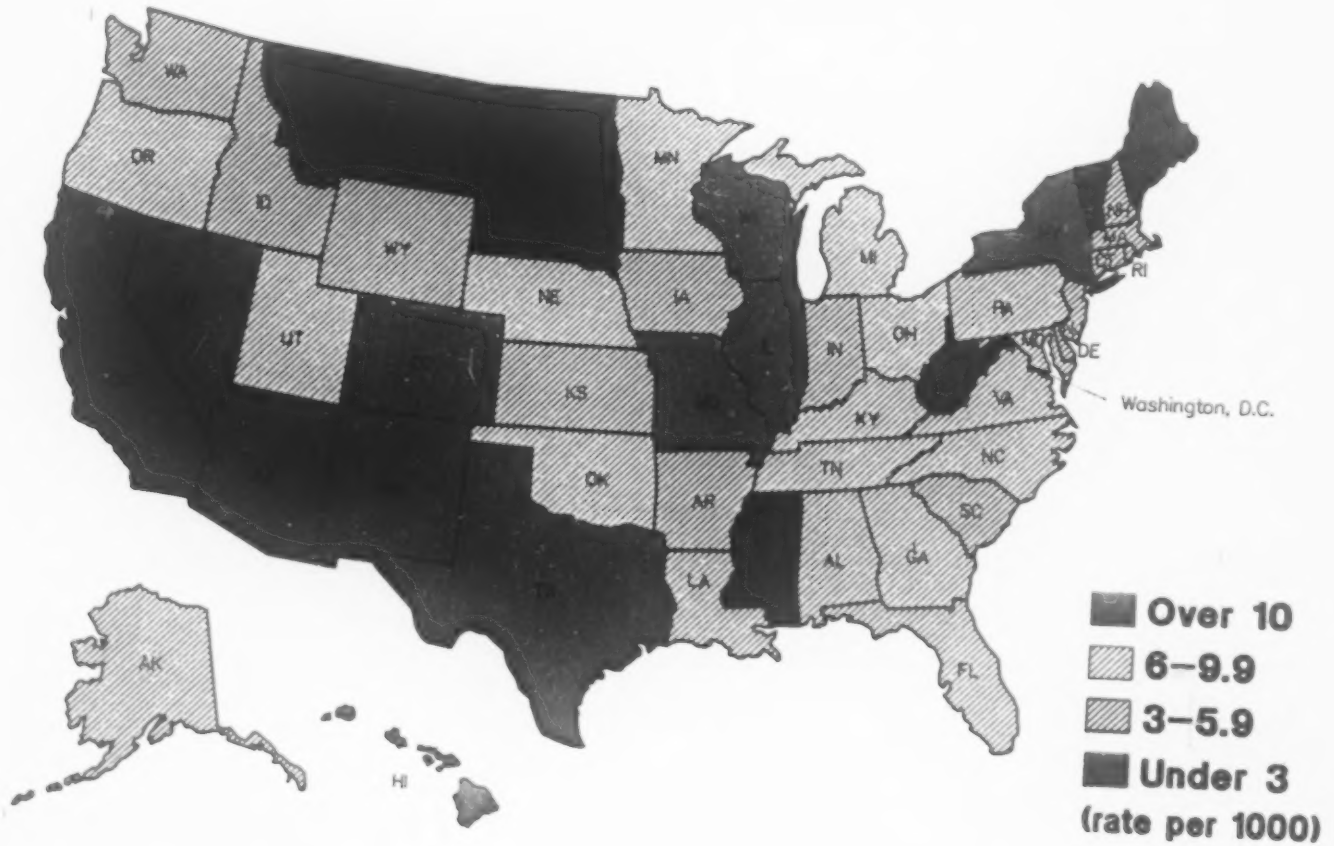
RED = OVER 10 LIGHT RED = 6 - 9.9

LIGHT BLUE = 3 - 5.9 BLUE = UNDER 3

THERE ARE 12 STATES IN RED, 18 IN LIGHT RED, 14 IN LIGHT BLUE, AND 7 IN BLUE. THUS, 60% OF THE STATES ARE COLORED EITHER IN RED OR LIGHT RED. IN ALL, THE 1989 PER CAPITA LEVEL WAS 10.0 PEOPLE PER 1000, UP FROM 1988'S 9.0 LEVEL.

SIGNIFICANCE: SINCE THE MAY REPORT, 4 PREVIOUSLY BLUE-COLORED STATES HAVE TURNED A SHADE OF RED. THIS CHART DESCRIBES HOW THE INCREASE IN ADDICTS IS A NATION-WIDE TREND. BY TAKING A PER CAPITA MEASUREMENT, THE CHART REVEALS HOW THE ADDICTION PROBLEM OVERWHELMS ALL STATES, EVEN THOSE WITH RELATIVELY SMALL POPULATIONS. LIKE CHART NUMBER 1, THIS ONE REVEALS THE CONTINUED AND GROWING PROBLEM OF HARD-CORE COCAINE ADDICTION IN THE UNITED STATES.

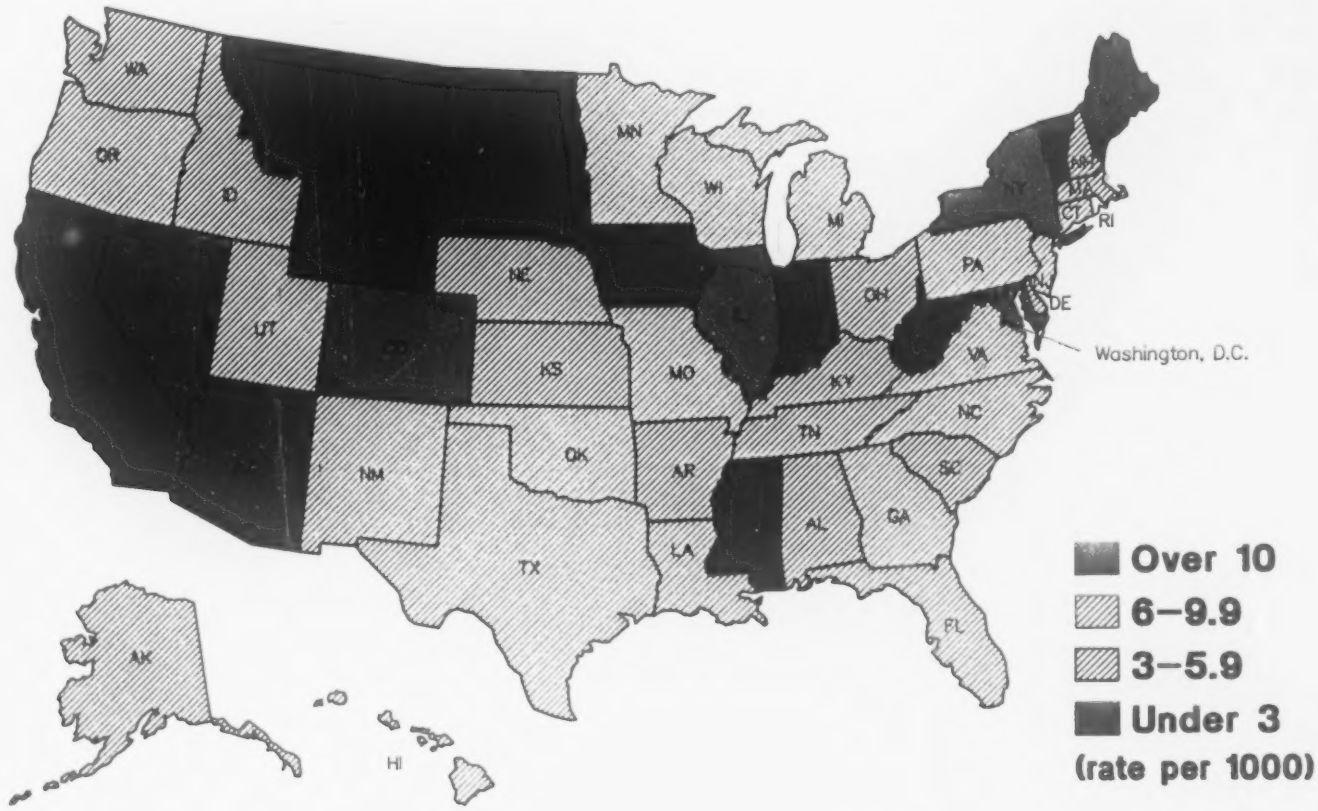
Hard-Core Cocaine Addicts: Per Capita State Totals
(December Report)



4. NUMBER OF HARD-CORE COCAINE ADDICTS: PER CAPITA STATE TOTALS (MAY REPORT)

THIS CHART REFLECTS THE DATA THE COMMITTEE RELEASED EARLIER THIS YEAR (MAY).

Hard–Core Cocaine Addicts: Per Capita State Totals
(May Report)



5. THE ADMINISTRATION'S CONTINUED UNDERCOUNTING OF HARD-CORE COCAINE ADDICTS

THIS CHART SHOWS 4 BARS, EACH ONE DESCRIBING THE NUMBER OF COCAINE ADDICTS IN THE COUNTRY ACCORDING TO 4 DIFFERENT SURVEYS.

THE FIRST BAR SHOWS THE ADMINISTRATION'S JULY 1989 HOUSEHOLD SURVEY, WHICH ESTIMATED THE 1988 COCAINE ADDICT POPULATION AT 860,000.

THE SECOND BAR SHOWS THE COMMITTEE'S MAY 1990 COMPREHENSIVE SURVEY, WHICH PLACED THE 1988 COCAINE ADDICT POPULATION AT 2,200,000.

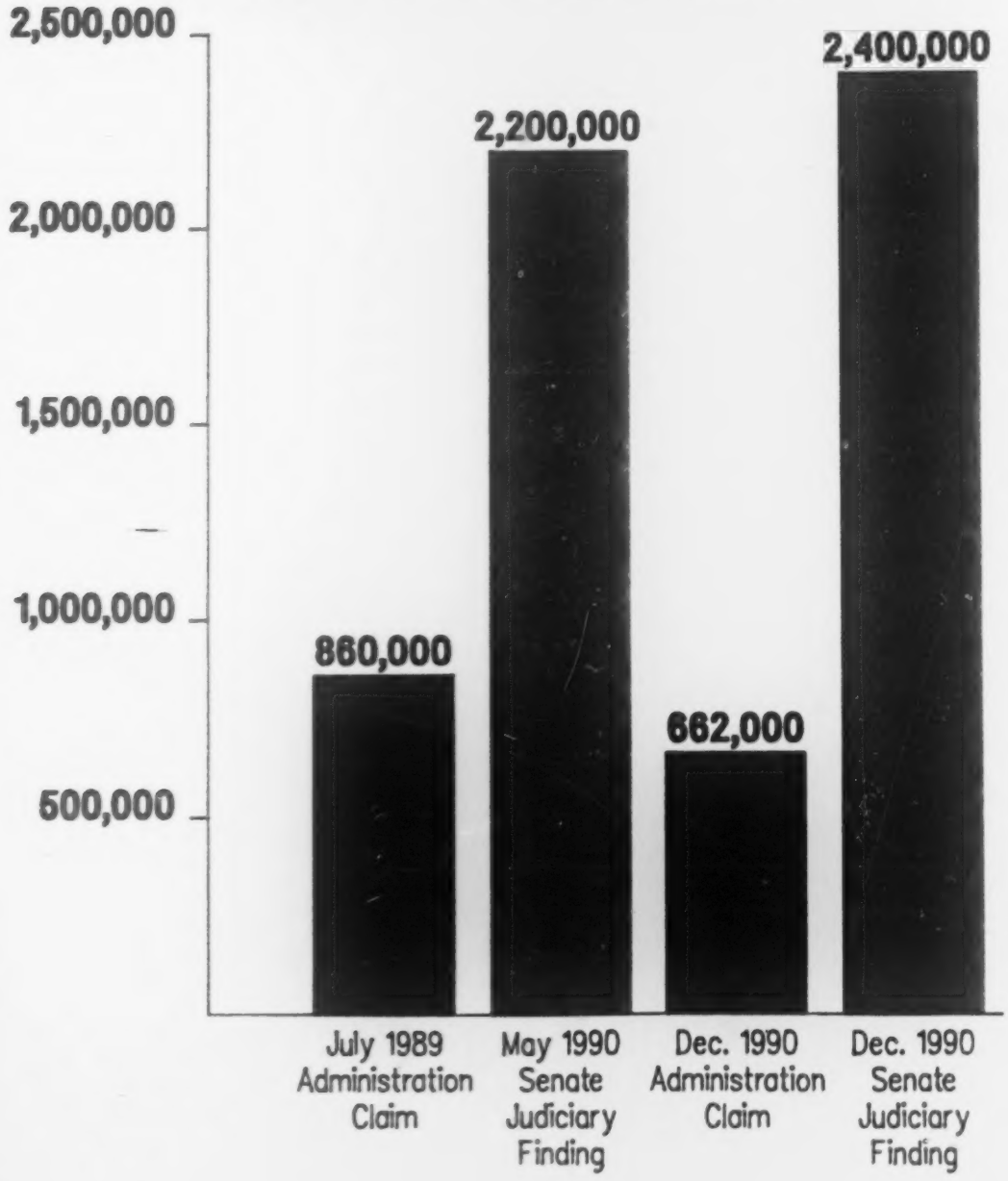
THE THIRD BAR SHOWS THE LATEST ADMINISTRATION SURVEY, THE 1990 NIDA HOUSEHOLD SURVEY. THIS SURVEY CLAIMS THAT THE ADDICT POPULATION HAS FALLEN TO 662,000.

THE FOURTH BAR SHOWS THE COMMITTEE'S LATEST SURVEY OF THE ADDICT POPULATION. THIS "DECEMBER REPORT," RELEASED TODAY, USES 1989 DATA AND PUTS THE TOTAL NUMBER OF ADDICTS AT 2,400,000.

SIGNIFICANCE -- THE ADMINISTRATION CONTINUES TO UNDERCOUNT THE COCAINE ADDICT POPULATION WITH ITS NIDA HOUSEHOLD SURVEY, DESPITE ADMITTING TO THE SURVEY'S SYSTEMATIC FLAWS.

THIS CHART HIGHLIGHTS TWO POINTS: 1) THE SIZE OF AMERICA'S COCAINE ADDICT POPULATION IS ENORMOUS, SIGNIFICANTLY LARGER THAN THE ADMINISTRATION CLAIMS IT IS, AND 2) IF THE ADMINISTRATION WOULD ACCEPT THAT THERE ARE MILLIONS OF COCAINE ADDICTS, IT MIGHT DEVELOP A MORE EFFECTIVE ANTI-DRUG POLICY, ONE THAT CONCENTRATES ON THE HARD-CORE INSTEAD OF THE CASUAL USER.

The Administration's Continued Undercounting of Hard-Core Cocaine Addicts



APPENDIX: HOW THIS STUDY WAS CONDUCTED

This appendix offers additional background and detail on the methodologies employed by the report. Both data collection procedures and data analysis procedures will be presented. We also acknowledge, as we do throughout the report, the contributions of many public officials, as well as those from experts from academia and private foundations. Without their suggestions and assistance in gathering and analyzing these data, this report would not have been possible.

Each of the methodologies employed in our three surveys -- treated addicts, homeless addicts and arrested addicts -- is presented in a separate section of this appendix.

I. Survey of Addicts in Treatment

The number of those with hard-core cocaine problems who have asked for treatment was compiled by contacting members of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Each state supplied information about admissions to publically-run or supported treatment programs. Four states -- Iowa, Kansas, Kentucky and Maine -- supplied data on individuals admitted to treatment. All the others provided total admissions.

Most addicts' drug problems are assessed upon admission to a treatment program. Until 1981, the federal government supported these assessments and collected these data through the Client-Oriented Drug Abuse Profile, or "CODAP" system. Each drug abused by the patient is classified as the primary, secondary or tertiary drug of abuse. Wherever possible, we omitted those addicts who reported cocaine as only a tertiary problem.

Many of our conclusions are based on the 1989 Treatment Outcome Prospective Study[6] -- the TOPS study conducted by researchers at North Carolina's Research Triangle Institute with support from the National Institute on Drug Abuse. The TOPS study is the largest and most comprehensive survey of the nation's drug treatment system. Its results are based on 5 years' follow-up study of 10,000 addicts, ending in 1986.

Hard core cocaine addicts in treatment; overlap with arrestee survey:

The formulae which follow summarize our calculation of both the national and each state's hard-core cocaine addict population receiving treatment. Translating cocaine admissions data into hard-core cocaine addicts, less the overlap with arrested addicts, requires several steps -- converting admissions into addicts; addicts into hard-core addicts; and hard-core addicts into unarrested hard-core addicts.

X = state cocaine treatment admissions
Y = state treated cocaine addicts
Z = state treated hard-core cocaine addicts
T = state treated hard-core cocaine addicts, not arrested

National Total:

$$\sum(X * 0.7) = \sum Y \; ; \quad \sum(Y * 0.95) = \sum Z \; ; \quad \sum(Z * 0.6) = \sum T$$

[6] Hubbard, et.al., "Drug Abuse Treatment: A National Study of Effectiveness." University of North Carolina Press, 1989.

State Total:

$(X * 0.7) = Y$; $(Y * 0.95) = Z$; $(Z * 0.6) = T$

II. Survey of Homeless Addicts

To derive estimates of the number of hard-core cocaine users among the homeless, it was necessary to assimilate information from a variety of sources. The Interagency Council on the Homeless provided state contacts for homeless issues. The U.S. Department of Education supplied information on the numbers of homeless children in each state. The Coalition for the Homeless, Partnership for the Homeless and other homeless advocacy groups supplied recent reports which contained data on the prevalence of homelessness in major U.S. cities. New York State's Division of Substance Abuse Services also provided reports from which data on both the numbers of homeless and the numbers of hard-core cocaine users were derived.

In addition, academicians with a strong background in homeless issues were contacted, and their most current research was analyzed.

The aforementioned reports yield two basic methods for measuring hard-core drug abuse among the homeless. Some studies compared homeless populations with the general

population. As indicated in the report, these comparisons reveal a proportion of hard-core cocaine addiction among the homeless that is about 5 times the proportion found in the Household Survey.

To confirm the accuracy of this analysis, we conducted interviews with more than 20 state and local officials from around the country. These officials estimated the total proportion of substance abusers among the homeless. The estimates were remarkably consistent across the country -- the prevalence of substance abuse problems among the homeless falling between 30% and 40%.

Out of this total, these officials and practioners estimated that about one-tenth were hard-core cocaine addicts. The resulting range (3% to 4%) is close to the five-times-Household-Survey estimate (2.5%) used in this analysis. Moreover, sensitivity analysis (offered below) indicates that even significant changes in estimates of the homeless total or the prevalence of hard-core cocaine addiction have little impact on the national total.

Sensitivity Analysis

X = homeless population, national total
Y = prevalence of hard-core cocaine addiction among homeless
Z = homeless hard-core cocaine addicts, national total

Formula: X * Y = Z

	Low	Point Estimate	High
Population range:	1,000,000	2,100,000	3,000,000
Prevalence range:	0.4%	2.5%	10%

Estimates:

	Population	Prevalence	Homeless Addicts	Percent of National Total
	1,000,000	0.004	4,000	0.2%
	1,000,000	0.025	25,000	1.1%
	1,000,000	0.050	50,000	2.3%
	1,000,000	0.100	100,000	4.5%
	2,100,000	0.004	8,800	0.4%
==>	**2,100,000**	**0.025**	**55,000**	**2.5%**
	2,100,000	0.050	105,000	4.7%
	2,100,000	0.100	210,000	9.5%
	3,000,000	0.004	12,000	0.5%
	3,000,000	0.025	75,000	3.4%
	3,000,000	0.050	150,000	6.8%
	3,000,000	0.100	300,000	13.6%

III. Survey of Addicts in the Criminal Justice System

The Federal Bureau of Investigation provided the arrest data gathered through the Uniform Crime Reporting system. We used the arrest data reported by each city, county or locality, not arrest rate data.

Data from the National Institute of Justice's Drug Use Forecasting System for 1989 indicates:

City	Percentage Testing Positive for Cocaine
Birmingham	53%
Chicago	59%
Cleveland	56%
Dallas	51%
Detroit	50%
Fort Lauderdale	50%
Houston	52%
Indianapolis	26%
Kansas City	44%
Los Angeles	52%
Miami	65%
New Orleans	60%
New York	72%
Philadelphia	74%
Phoenix	32%
Portland, Oregon	37%
San Antonio	26%
San Diego	41%
St. Louis	50%
Washington, D.C.	59%

The simple average of the DUF city cocaine positive rates is 50%. This average is based on an equal weighting of all DUF cities. Thus, New York City's 72% rate is weighted no more, and no less, than Indianapolis's 26% rate. The average weighted by arrest is much higher than the simple average --

61% as compared to 50%. The discrepancy is an artifact of the greater cocaine prevalence found in larger cities. That is, New York City's 72% rate is weighted roughly 18 times that of Indianapolis's 26% rate -- reflecting the fact that New York City has about 18 times more arrests than Indianapolis.

Other researchers have suggested that changes in a city's drug-related hospital emergency room admissions and drug-related deaths correspond in changes in the levels of other drug-related problems.

This report conducted both bivariate and multivariate regression analysis to examine the relationship between medical emergencies or deaths and the prevalence of cocaine use among arrestees. A statistically significant relationship would predict rates analogous to the DUF rates for cities not included in the DUF system.

Before either drug-related emergency room visits or drug-related deaths were included in the regression analysis, we corrected for differences in each city's use of its emergency rooms or medical examiners offices. If, for example, Boston provides relatively more medical services through its emergency rooms than Chicago, and if the two cities treated the same number of drug-related emergency room cases, Boston would

have an rate of drug-related cases artificially lower than Chicago's.

Both this problem and its solution were identified by Mark A.R. Kleiman and David Cavanaugh. Their solution is illustrated in the equation which follows:

X = emergency room visits
X~ = cocaine-related emergency room visits
P = population covered by emergency room

$$[((X\tilde{}) * (1/X)) * 10{,}000] * [1/(((X) * (1/P)) * 10{,}000)]$$

A city's cocaine-related deaths proved to be the strongest predictor of the proportion of arrestees testing positive for cocaine. Bivariate regression, using cocaine-related deaths as the independent variable and the proportion of arrestees testing positive for cocaine, indicates the following statistically significant relationship:

X = cocaine-related deaths, from medical examiner data
Y = percent cocaine-positive tests among arrestees
a = constant (0.40)
b = X Coefficient (0.018)

$$Y = a + b(X); \quad Y = 0.40 + 0.018(X)$$

The strength of the relationship is illustrated by a few measures. The coefficient of determination (R-squared) measures the proportion of variation in the dependent variable

(cocaine-positive arrestee rate) that is explained by change in the independent variable (cocaine-related deaths.) Equivalently, the quantity -- 1 minus R-squared -- is the percentage of variation in the dependent variable which is explained by other factors.

The R-squared corresponding to this relationship is 0.378 -- indicating that almost 38% of the variation in cocaine-positive rates among arrestees is explained by changes in cocaine related deaths.

The standard error of the Y-estimate (the dependant variable, in this case, cocaine positive arrestees) indicates the dispersion of actual Y values from the values predicted by the regression equation. For this equation, the standard error of the Y-estimate is 0.13; confirming the statistical significance of the relationship.

T-statistics indicate whether the coefficient accompanying an independent variable is statistically different from zero, that is, whether or not the relationship is statistically significant. To test whether or not the X-coefficient (cocaine-related deaths) is statistically different from zero, we begin with the null hypothesis -- that the X-coefficient is not different from zero. The T-statistic for this regression equation is 2.6 -- the X-coefficient (0.018) divided by its

standard error (0.007). This indicates that if the actual coefficient (as opposed to the one measured here) were zero, the results revealed by our analysis would be 2.6 standard deviations from zero. The probability of this occurring are remote -- less than one in a hundred. Thus, we can reject the null hypothesis and accept the X-coefficient as statistically significant.

IV. Incorporating the Household Survey

The May Senate Study incorporated data from the Household Survey in generating the national hard-core cocaine addict total.[7] This analysis applies the proportions revealed in the May Judiciary Committee staff report to the current survey. The May report concluded that three-quarters of all hard-core cocaine addicts were arrested, treated for drug addiction or both. This permits a national estimate of hard-core cocaine abuse from arrest and drug treatment data, i.e., the product of the arrest-treatment subtotal and 1.33 reveals the national total.

---

[7] For a detailed explanation of the methodology used to incorporate the Household Survey on Drug Abuse please see: pp. 31, "Hard-Core Cocaine Addicts: Measuring -- And Fighting -- The Epidemic." U.S. Government Printing Office, 1990.